

PATENT  
 Attorney Docket No. 101.0050-00000  
 Customer No. 22882

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Gary K. Michelson, M.D.

Serial No: 08/484,928

Filed: June 7, 1995

For: FRUSTO-CONICAL INTERBODY  
SPINAL FUSION IMPLANT

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Art Unit: 3731

JAN 07 2003

Examiner: D. Reip

TECHNOLOGY CENTER 3700

Assistant Commissioner for Patents  
 Washington, D.C. 20231

Dear Sir:

Transmitted herewith is an Amendment in the above-identified application.

No additional fee is required.  
 Applicant hereby requests a \*\*\*-month extension of time to respond to the above office action.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	148	-	171	--	LG=\$18 SM=\$9	\$18
INDEPENDENT CLAIMS FEE	10	-	10	---	LG=\$84 SM=\$42	\$84
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$280 SMALL ENTITY FEE = \$140	\$ 0
					TOTAL	\$ 0

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

A fee in the amount of \$\_\_ to cover the additional claims fee is to be charged to Deposit Account No. 50-1066.  
 A fee in the amount of \$\_\_ to cover the \*\*\*-month extension of time fee is to be charged to Deposit Account No. 50-1066.

The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1066. A copy of this sheet is enclosed.

Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims

Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,

MARTIN & FERRARO, LLP

Date: January 7, 2003

By: 

Thomas H. Martin

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**FACSIMILE TRANSMITTAL****TO:**

Name: Examiner David Reip

Firm: Patent & Trademark Office

Fax No.: 703-746-3310

Subject: USSN: 08/484,928, filed 6/7/1995  
Gary K. Michelson, M.D.

FRUSTO-CONICAL INTERBODY SPINAL  
FUSION IMPLANT

Our Ref: 101.0050-00000

Customer No. 22882

**FROM:**

Name: Thomas H. Martin, Esq.

Phone No.: 703-818-3261

No. of Pages (including this): 27

Date: January 7, 2003

Confirmation Copy to Follow: No

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**Message:****CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8**

I hereby certify that the attached Transmittal Form (in duplicate) and Amendment with attachment are being facsimile transmitted to the U.S. Patent and Trademark Office on January 7, 2003.

  
Sandra L. Blackmon

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If there is a problem with this transmission please call Sandy Blackmon at 703-818-3219 or the sender at the number above.

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